

SHERIDAN AREA PARK DISTRICT

Sheridan, Montana

An Equal Opportunity Employer



Application for Employment

Care of:

Pool Advisory Committee
PO Box 134
Sheridan, MT 59749
(406)842-5029 (temp use OK)

Email: rubyvalleyparks@gmail.com

Contact:

Janet Marsh: (406) 596-5888

Ruby Valley Swimming Pool –
We strive for a fun, safe, educational
swimming pool center.

Applicant Contact Information:

Name: _____ Today's Date: _____

Address: _____
Street City State Zip

Home Telephone: (____) _____ Mobile Telephone: (____) _____

Email address: _____

SSI number: _____

OFFICE USE ONLY:

Date Application Received: _____ By: _____

PERSONAL INFORMATION:

Please attach resume if available. Fill out application even if a resume is attached.

1. Position(s) applying for: ☐ Lifeguard ☐ Cage Person ☐ Manager

2. If hired, when would you be available to start? _____

3. If hired, when would you have to stop employment? _____

4. Have you worked as a certified Lifeguard previously? ☐ Yes ☐ No

If yes, list dates and location: _____

5. List any previous lifeguard Certifications and/or First Aid Certifications and dates:

Certification	Date
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Certification	Date
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Certification	Date
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6. What days/ hours are you available to work? _____

Are you applying for full time or part time employment? ☐ Full time ☐ Part Time

7. Do you have supervisory or managerial work experience? ☐ Yes ☐ No

8. Please answer the following questions only after reviewing the job description(s) for which you are applying.

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations?

☐ Yes ☐ No

If No, please attach a description of the functions that cannot be performed. In accordance with the Americans with Disabilities Act or ADA, the Sheridan Area Park District shall seek reasonable accommodation measures for the applicant/employees as to perform essential functions.

9. Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐ Yes ☐ No

If Yes, please attach an explanation providing the nature of the crime(s), when and where convicted and the dispositions of the case. Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date and surrounding circumstances of the conviction, and relevance to the position(s) applying for may be considered.

EDUCATION BACKGROUND

1. What is the highest level of education achieved (if no diploma, list highest grade completed).

List colleges, Universities or any school(s) attended	Address, City, State	Years Completed	Did you Graduate?	Area of Study (major, minor)

WORK HISTORY

Most Recent Employer: _____

Address: _____

Date Started _____ Starting Salary _____ per _____ Starting Position _____

End Date _____ Ending Salary _____ per _____ Starting Position _____

Name & Title of Supervisor _____ Contact #: _____

Description of Duties: _____

Reason for leaving position: _____

Most Recent Employer: _____

Address: _____

Date Started _____ Starting Salary _____ per _____ Starting Position _____

End Date _____ Ending Salary _____ per _____ Starting Position _____

Name & Title of Supervisor _____ Contact #: _____

Description of Duties: _____

Reason for leaving position: _____

PROFESSIONAL REFERENCES

Please provide information for three people who have knowledge of your work performance within the past three years.

Name _____	Employer: _____
Title _____	Business Telephone: _____
Business Address _____	Number of years acquainted: _____

Name _____	Employer: _____
Title _____	Business Telephone: _____
Business Address _____	Number of years acquainted: _____

Name _____	Employer: _____
Title _____	Business Telephone: _____
Business Address _____	Number of years acquainted: _____

It is the policy of the Sheridan Area Park District, a board of Madison County, Montana, to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, creed, sex, marital status, pregnancy, age, national origin, ancestry, sexual orientation, disability, medical condition, or any other consideration deemed unlawful.

Applicant's Certification and Agreement

Initial each portion and sign below

____ I CERTIFY that the statements made by me in this application are true, complete, and accurate to the best of my knowledge and made in good faith.

____ I AUTHORIZE the Sheridan Area Park District and any committees authorized by SAPD the right to contact and obtain information from all references, employers, education institutions, and law enforcement agencies, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the SAPR and its appointed committees and its representative for seeking, gathering, and using such information and all other persons, corporations organizations for furnishing and disclosing such information.

____ I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. If I am hired to work, I will be required to be fingerprinted and screened for previous convictions.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicants Signature _____ Date _____

Parent or Guardians Signature _____ Date _____

If under 18 years of age